

# **ASAP**

## **MISSION/OBJECTIVES**

- **Increase individual fitness/unit readiness.**
- **Provide services that emphasize drug and alcohol deterrence, prevention , education and treatment.**
- **Implement alcohol/drug abuse risk reduction.**
- **Restore to duty substance-impaired soldiers who have potential for continued military**

# **ASAP MISSION/OBJECTIVES (cont)**

- Ensure personnel assigned to ASAP staff are experienced and properly trained.**
- Reduce alcohol and drug abuse by civilians to achieve maximum productivity and reduce absenteeism and attrition of civilians.**
- Improve readiness by extending services to total Army.**

# ASAP PRINCIPLES

- **Alcohol/drug abuse are inconsistent with Army policy and standards.**
- **Commanders intervene early and refer suspected/identified soldiers to ASAP.**
- **ASAP participation is mandatory (Article 86 violation if not attended).**
- **Alcohol/drug abusers may be enrolled in ASAP.**
- **Failure to participate or successfully complete rehabilitation will result in**

# **ASAP PRINCIPLES (cont)**

- **ASAP addressed as single program.**
- **Commander retains authority to make decisions.**
- **ASAP available to civilians and dependents.**
- **Aggressive biochemical program serves as a deterrent to drug and alcohol abuse.**
- **High priority given to prevention/education.**
- **Commander will refer individuals involved in alcohol related workplace violence to**

# **ASAP ELIGIBILITY CRITERIA**

- **U.S. citizen DOD civilian employees.**
- **Foreign national employees with Status of Forces Agreement treatment arrangements.**
- **Retired military personnel.**
- **Family members of eligible personnel.**
- **Other service personnel when under control of an Army installation commander.**

# **ALCOHOL POLICIES AND CONTROLS**

- **Maintain workplace alcohol free.**
- **Alcohol abuse and misconduct not tolerated.**
- **Commanders must educate the soldiers about alcoholism and its effects.**
- **Commanders must identify soldiers that abuse alcohol and refer them for screening, prevention training, and treatment.**

# ALCOHOL SANCTIONS

- **Administrative separation for misconduct involving alcohol, drunk on duty or DWI.**
- **Military on duty will not have alcohol blood level of .05 grams per 100 milliliters of blood.**
- **Detoxify and provide medical treatment to soldiers identified as alcohol dependent.**

# **ILLEGAL DRUGS AND SANCTIONS**

**All soldiers, including Title 10 ARNG and USAR, identified as drug abusers will:**

- Be referred to ASAP for screening.**
- Be processed for an administrative discharge  
IAW AR 635-200 (except self referrals).**
- Discharge IAW CH 14, AR 635-200 for drug trafficking.**
- Be considered for disciplinary action under**

# **COMMANDERS OF COMPANIES/ DETACHMENTS WILL:**

- **Appoint officer or NCO (SGT or above) as Unit Prevention Leaders (UPL).**
- **Implement biochemical testing program.**
- **Implement ASAP prevention and education.**
- **Brief all new soldiers on ASAP policies and services.**
- **Maintain liaison with ASAP clinical**

# COMMANDERS OF COMPANIES/ DETACHMENTS WILL: (cont)

- **Maintain ASAP elements while deployed.**
- **Support soldier risk reduction.**
- **Work with Risk Reduction Coordinator.**
- **Immediately report all offenses of illegal possession, use, or referral to the Provost Marshal.**
- **Assess program and provide feedback.**

# **ALCOHOL/DRUG ABUSE PREVENTION OBJECTIVES**

- **Prevent , deter, and reduce alcohol and drug use.**
- **Provide soldiers with substance abuse prevention and awareness training:**
  - **ASAP policies and services.**
  - **Consequences of alcohol/drug abuse.**
  - **Incompatibility of alcohol/drug abuse with physical/mental fitness, readiness, and Army values**

# PREVENTION POLICIES

- Tailored to diverse groups and integrated with other mission-related efforts.
- Emphasize cooperation with the total community and encourage military involvement in drug/alcohol prevention.
- Education/training programs should include the effects and consequences of alcohol/drug use.

• Alcohol deglamorization is an

# **PREVENTION POLICIES**

## **(cont)**

- **Commanders/supervisors should have the information and skills to enable early identification of substance abusers.**
- **Alcohol/drug abuse education conducted throughout the Army Training System.**
- **Risk reduction prevention supports readiness and is promoted at all levels.**
- **Installation plan promotes full**

# **ADAPT TRAINING ELIGIBILITY**

- **Those referred and screened but not enrolled in ASAP.**
- **Those referred, screened, and enrolled in ASAP as part of individual treatment plans.**
- **Those referred by commander for reasons related to poor performance, behavior, and disciplinary problems.**

# COMMANDER REFERRAL ACTIONS

- **Coordinate with law enforcement on conduct of initial interview.**
- **If limited use applies, consult with the ADCO and legal advisor.**
- **If law enforcement does not conduct initial interview, advise the soldier of their rights (ART, 31).**

# **COMMANDER REFERRAL ACTIONS (cont)**

- **If law enforcement does not conduct investigation, give soldiers the opportunity to provide additional evidence.**
- **If law enforcement does not conduct investigation, collect any illegal drugs and paraphernalia that soldiers volunteers.**

# ASAP RECOMMENDATIONS

- **Unit counseling.**
- **Referral to other agencies.**
- **No ASAP services required now.**
- **Referral to ADAPT.**
- **Enrollment in ASAP rehabilitation.**

# **REHABILITATION OBJECTIVES**

- **Return soldiers to full duty.**
- **Identify soldiers who cannot rehabilitate and advise the commander.**
- **Assist and refer soldiers who cannot be rehabilitated to a treatment facility where they will reside after discharge.**
- **Help resolve family alcohol/drug abuse to ensure the soldier performs more effectively.**

# **REHABILITATION PROCEDURES**

- **Referral methods, assessment, and treatment determination.**
- **Rehabilitation/treatment program.**
- **Rehabilitation progress.**
- **Type and frequency of treatment.**
- **Rehabilitation/treatment appointments.**
- **Return to duty.**

# **LIMITED USE POLICY PROTECTED EVIDENCE**

- **Results of command-directed biochemical testing inadmissible by military rules of evidence.**
- **Results of biochemical testing solely as part of limited use in an accident analysis.**
- **Information collected as a result of a soldier's emergency medical care solely for**

# **LIMITED USE POLICY PROTECTED EVIDENCE (cont)**

- **Admissions to physician or ASAP counselor during counseling reflecting personal use prior to initial date of referral.**
- **Biochemical test results if soldier submits to Army treatment prior to a lawful test.**
- **Results of biochemical test solely as part of rehabilitation or treatment program.**

# IMPLEMENTATION OF THE LIMITED USE POLICY

- Commander explains limited use policy during commander's interview.
- Soldier's reluctance to assist an overdose victim because they may be abusers themselves.
- Soldiers receive honorable discharge if based on a proceeding where government initially introduced limited use

# **IMPLEMENTATION OF THE LIMITED USE POLICY (cont)**

- **Improperly introduced limited use evidence, before the board convenes, reinitiates the elimination proceeding but excludes all reference protected by “limited use policy”.**
- **Bottom line, commander should seek advice from the supporting legal office.**

# **BIOCHEMICAL TESTING CIRCUMSTANCES**

- **Inspection.**
- **Search or seizure/probable cause.**
- **Competence for duty.**
- **Rehabilitation.**
- **Mishap or safety inspection.**
- **Consent.**
- **New entrant.**
- **Medical.**